

UNITED STATES DISTRICT COURT - DISTRICT OF NEBRASKA
(DISTRICT, PRETRIAL, PROBATION)

LANGUAGE-SKILLED INTERPRETERS - STATEMENT OF SERVICES

INTERPRETER NAME _____ INVOICE NUMBER _____
FIRM NAME (Payee if different) _____ PURCHASE ORDER NUMBER _____
MAILING ADDRESS _____ SOC SEC/TAX ID (Payee) _____
CITY, STATE, ZIP _____ PHONE/E-MAIL _____

LANGUAGE _____ DATE _____ TIME (from) _____ (to) _____ HOURS _____
CASE NUMBER(s) _____ DEFENDANT(s) _____
TYPE OF PROCEEDING _____ JUDGE _____
COURT UNIT _____
(i.e., Pretrial, Probation, District Court)

LANGUAGE _____ DATE _____ TIME (from) _____ (to) _____ HOURS _____
CASE NUMBER(s) _____ DEFENDANT(s) _____
TYPE OF PROCEEDING _____ JUDGE _____
COURT UNIT _____
(i.e., Pretrial, Probation, District Court)

Note: Interpreting fees are cumulative. Therefore, only one fee (half-day or daily rate) will be paid, even though the interpreter may have worked for more than one officer or court unit in a single day.

Did you interpret for another case/proceeding during the day? Yes _____ No _____ If so, please provide the following information:

Court Unit _____ Defendant Name _____ Case Number _____ Time (from) _____ (to) _____ Hours _____
Court Unit _____ Defendant Name _____ Case Number _____ Time (from) _____ (to) _____ Hours _____

INTERPRETING FEES:

Half Day: (4 hours or less - \$103); Daily: (more than 4 hours - \$187) TOTAL HOURS _____ TOTAL FEE \$ _____

[new rates effective 2/1/2010]

TRAVEL EXPENSES (if applicable)

Parking: \$ _____
Mileage: _____ miles* @ \$0.50 per mile = \$ _____
Other: Description: _____ \$ _____
TOTAL TRAVEL \$ _____

Note: Travel expenses are authorized by the contract only if interpreter lives 30 miles or more from the court location.

TOTAL AMOUNT CLAIMED \$ _____

SIGNATURE OF INTERPRETER _____ DATE _____

SIGNATURE OF OFFICER/COURT OFFICIAL _____ DATE _____

SIGNATURE OF COURT SUPERVISOR _____ DATE _____

MAIL or DELIVER STATEMENT TO:

U.S. District Court - District of Nebraska
Shared Administrative Services, Attn: Deb Wesely
111 S. 18th Plaza, Suite 1152
Omaha, NE 68102-1322

Note: Statements of Services form should be submitted within 30 days of contract performance.